



IN REPLY REFER TO:
Revised 4/2009

United States Department of the Interior

NATIONAL PARK SERVICE UNITED STATES PARK POLICE

Headquarters
1100 Ohio Drive, S.W.
Washington, D.C. 20024

INFORMATION RELEASE FORM

TO WHOM IT MAY CONCERN:

DATE: _____

I, _____, authorize the United States Park Police or the Office of Personnel Management to conduct a full field investigation into my background to determine my suitability for employment as an officer with the United States Park Police. I understand that this permission includes access to and review of any and all records concerning myself irregardless of the confidentiality or whether they are of public or private nature. This authorization is extended to include any and all medical records concerning my physical and mental health. It is my specific intent to provide access to all my personal records and information, no matter how personal or confidential.

I understand that any information ascertain or developed through the use of this release will be used to determine my suitability as an officer with the United States Park Police. I further understand that refusal to grant this authorization will constitute a basis for rejection of my application.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure by you of your social security number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the Office of Personnel Management (OPM) is authorized under provisions of Executive Order 9397, dated November 23, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the OPM or agencies. The SSN also will be used by the OPM and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial for other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with the established regulations and published notices of systems of records. The SSN also will be used for the selections of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identifies can only be distinguished by the SSN.

SUBSCRIBED BEFORE ME THIS ____ DAY SIGNED _____

OF _____ 20__ SOCIAL SECURITY NUMBER: _____

(NOTARY PUBLIC)

My commission expires _____

(SEAL)

This form is valid for 1 year from date of notary